Client Specific (Inpatient) Moving and Handling Intervention Plan

(For Clients with Complex Moving and Handling Requirements)

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| --- | --- | --- | --- | --- |
| **Patient’s name:** |  | **Named Nurse:** |  | Risk Level: |
| Very High |  |
| High |  |
| Medium |  |
| Low |  |
| BODY BUILD | Problems with comprehension, behaviour, co-operation (specify): |
| Obese |  | Weight |  |
| Above average |  | Tall |  |
| Average |  | Average |  |
| Below average |  | Short |  | Handling constraints, e.g. disability, weakness, pain, skin lesions, infusions (specify):  |
| RISK OF FALLS |
| High |  | Low |  |
| **Systems of Care to be Implemented**This should include all activities likely to be undertaken with the client requiring assistance of staff including, personal hygiene, toileting, eating, and dressing |
|  |
| **Remaining Control Measures Required**This may include the requirement to hire in equipment |
|  |
| **Date Assessed:** |  |  |  |  |
| **Assessor’s signature:** |  |  |  |  |
| **Proposed Review date:** |  |  |  |  |